

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17602**
Registrar's No. _____

Registration District No. **66**

Primary Registration District No. **4117**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Rothville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sally Edna Duckworth**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **J. A. Duckworth** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb - 15 - 1867** (Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Boone Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **General Merc Store**

11. Industry or business

12. Name **George W Edwards**
13. Birthplace **Ky** (City, town, or county) (State or foreign country)
14. Maiden name **Mattie Bell**
15. Birthplace **Ky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie Wilson**

(b) Address **Rothville Mo**

17. (a) **Burial** (b) Date thereof **May 5 1943** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Albany Mo**

18. (a) Signature of funeral director **James M. Haughlin**

(b) Address **Margeline**

19. (a) **May 5 1943** (b) **Ruth Stoner** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Chariton**
(c) City or town **Rothville** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3** year **1943** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **April 3 1943 to May 3 1943** that I last saw him alive on **May 3 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration _____

Due to **Cerebral Hemorrhage**

Due to **Sclerosis of arteries and heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **109!!**

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (a) Means of injury _____

23. Signature **J. D. Stallon** (M. D. or other) _____
Address **Rothville Mo** Date signed **5-5-43**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.